

FILED
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CLEAR FORM
DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

ORIGINAL

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Sophia Wong

Plaintiff,

CASE NO. 08-2432

vs.

APPLICATION TO PROCEED
IN FORMA PAUPERIS

1.) Michael J. Astrue, Commissioner Social Security
2.) Conard House, Inc., 3.-50. other defendants et.al.

(Non-prisoner cases only)

BZ

Defendant.

I, Sophia Wong, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: zero Net: zero

Employer: none

none

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 none

3 none

4 none

5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

7 a. Business, Profession or Yes ____ No ☒

8 self employment?

9 b. Income from stocks, bonds, Yes ____ No ☒

10 or royalties?

11 c. Rent payments? Yes ____ No ☒

12 d. Pensions, annuities, or Yes ____ No ☒

13 life insurance payments?

14 e. Federal or State welfare payments, Yes ☒ No ____

15 Social Security or other govern-

16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 Plaintiff receives \$895.00 per month from welfare, Supplement Security Income division of Social Security

20 Disability Payments Program through Representative Payee, Conard House, Inc. Defendant in this action.

21 3. Are you married? Yes ____ No ☒

22 Spouse's Full Name: none

23 Spouse's Place of Employment: none

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ none Net \$ none

26 4. a. List amount you contribute to your spouse's support: \$ none

27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

2 none

3 none

4 5. Do you own or are you buying a home? Yes ___ No ☒

5 Estimated Market Value: \$ none Amount of Mortgage: \$ none

6 6. Do you own an automobile? Yes ___ No ☒

7 Make none Year none Model none

8 Is it financed? Yes ___ No ☒ If so, Total due: \$ none

9 Monthly Payment: \$ none

10 7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

11 Name(s) and address(es) of bank: none

12

13 Present balance(s): \$ none

14 Do you own any cash? Yes ___ No ☒ Amount: \$ none

15 Do you have any other assets? (If "yes," provide a description of each asset and its estimated

16 market value.) Yes ___ No ☒

17 none

18 8. What are your monthly expenses?

19 Rent: \$ because of defendants fraud \$686 Utilities: 20

20 Food: \$ 100 Clothing: 20

21 Charge Accounts:

22 Name of Account Monthly Payment Total Owed on This Account

23 none \$ none \$ none

24 none \$ none \$ none

25 none \$ none \$ none

26 9. Do you have any other debts? (List current obligations, indicating amounts and to whom
27 they are payable. Do not include account numbers.)

28 none except to other plaintiffs because of the fraud in this action who are yet to join

nonw

10. Does the complaint which you are seeking to file raise claims that have been presented in

in

Additionally, Plaintiff Sophia Wong hereby moves that BEFORE THE COURT serves this Complaint onto ANY defendants that the Court endeavor to find and replace her a NEW Payee in the SSA Representative Payment Program {other than Defendants #2 through #30 Conard House INC.} that will work with mentally disabled persons in the best interest of the disabled person and then ORDER her case to that person or agency on it a an interim basis. This is because immediately upon learning of this action the Defendants will exert undue influence on Plaintiff Some help may be found from the Payee Division of the Adult Protective Services of the City and County of San Francisco, {415} 557 – 5251 located at 875 Stevenson Street 94103 AND / OR through Mr. Peter D. Spencer, San Francisco, Regional Commissioner, Social Security Administration, office address and telephone number unknown.

SIGNATURE OF APPLICANT